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CONFIRMATION NO. 8158

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SERIAL NUMBER 10/764,161	FILING OR 371(c) DATE 01/23/2004 RULE	CLASS 514	GROUP ART UNIT 1655	ATTORNEY DOCKET NO. 13024/38629A
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/349,606 01/23/2003 PAT 6,998,121

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED.\*\* SMALL ENTITY \*\***

\*\* 04/29/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged  	STATE OR COUNTRY NY	Sheets Drawing 1	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 7
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**ADDRESS**

04743

**TITLE**

Method of treatment of conditions by administration of streptolysin O

FILING FEE RECEIVED 865	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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